

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**LAWRENCE A. BELSKIS, JUDGE**

IN THE MATTER OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**SPECIAL PICKUP INFORMATION**

Age: \_\_\_\_\_

Race: \_\_\_\_\_

Height.: \_\_\_\_\_

Eyes (color): \_\_\_\_\_

Weight.: \_\_\_\_\_

Hair (color): \_\_\_\_\_

S.S.N.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Location of Patient: \_\_\_\_\_

Transport to: \_\_\_\_\_

	Yes, explain below	No	Unknown
Weapons available? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likely to resist? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past history of mental illness? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past criminal record? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible dangerous situation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contagious disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Officer/Pre-screener: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant